

Tapes
Comments
Videos, E.P. &
Transcripts.

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Abraham (Gr.) Cruz NY-2555
Full Name of Plaintiff Inmate Number

v.

Civil No. _____
(to be filled in by the Clerk's Office)

Fed. Butler Mental H. Hospital
Name of Defendant 1

☒ Demand for Jury Trial
☐ No Jury Trial Demand

Dir. 1st John Doe
Name of Defendant 2

Psychiatrist Gabe Doe
Name of Defendant 3

Dentist 2nd John Doe
Name of Defendant 4

Staff 3rd 6-7 John Doe's
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

FILED
SCRANTON

OCT 20 2020

PER [Signature]
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☒ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Cruz, Abraham

Name (Last, First, MI)

NY-2555

Inmate Number

State Correctional Institution at Dallas (S.C.I.-Dallas).

Place of Confinement

1000 Follies Rd.

Address

Dallas, Luzerne, Pennsylvania, 18612.

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☒ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Federal Butner Mental Health Hospital

Name (Last, First)

To house Federal Mental Health patients.

Current Job Title

Butner, North Carolina, 07144

Current Work Address

Butner, Butner, North Carolina, 07144

City, County, State, Zip Code

Defendant 2:

Director First John Doe.

Name (Last, First)

To patrol Federal Mental Health patients.

Current Job Title

Federal Mental Health Hospital, Butner, N.C.

Current Work Address

Butner, Butner, North Carolina, 07144

City, County, State, Zip Code

Defendant 3:

Psychiatrist First Jane Doe.

Name (Last, First)

Psychiatrist

Current Job Title

Same as above #2

Current Work Address

Same as above #2

City, County, State, Zip Code

Defendant 4:

Dentist 2nd John Doe.

Name (Last, First)

Dentist

Current Job Title

Same as above #2

Current Work Address

Same as above #2

City, County, State, Zip Code

Defendant 5:

Staff 3rd 6-7 John & Jane Doe's (Ms. Johnson)

Name (Last, First)

Security, Nursing (Guards & Medical)

Current Job Title

Same as above #2

Current Work Address

Same as above #2

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

All Restrictive Housing Unit (RHU) #4 (Holding); RHU (#2);
RHU (#3 Segregation); Dentists Office; called it (Fl) 2nd fl.
upstairs (entumbed - tombs). 2011, 2012-Aug. 9th, 2015

B. On what date did the events giving rise to your claim(s) occur?

There; on 2 occasions 2011-12. Oct on Aug. 9th, 2015

C. What are the facts underlying your claim(s)? (For example: What happened to you?
 Who did what?)

1. Mr. Manuaki ^{Broke} ~~spoke~~ my neck back in N.Y. Mrs. Belly had me an
 m-X-ray at Butler Mental Health Hospital, N.C. Couldn't move for approx. 9½ mo.
2. I was belittled and humiliated, by non-evaluated, cajoled
 out of state Evaluation of without being seen. Held Incompetent by
 forcefully held Psychiatrist Mrs. Nlynyoo which testified in Court when
 we hardly talked. Incomplete Evaluation in New York, none in North Carolina.
3. The Dentist dugged into my teeth, left my partial loose and filled
 my teeth with some type of paste that would rot my teeth. They all started
 breaking lose, falling out (Adams Co. P.) (S.C.I. Houtzdale, Dallas.)
4. Director and Staff got together to listen to and follow an out
 an out of state Order to apply an "Inotcinthe" injection and unite to apply
 it by force. Fussed with them about it. To no avail, still in Zone of Danger.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

They were in violation of the United States Constitution and/or The Laws of United States of America and its Amendments: 1, 2, 4, 5, 6, 7, 9, 11, 14, 18 and 22. They acted under the color of Federal, State, and Local Laws, Statutes, Ordinances, Rules, Regulations and Norms of this, and their and/or Our Institution. Zone of Danger enroute... Jay Walker; Incommunicado; In Z.O.D.; held Incompetent; Vendetta; Malpractice; Bashing; Miranda Rights; Malicious Torts; Persecution & Prosecution; Cruel and Unusual Punishments. Dental Acid Fixation to rot teeth. After cellmate Mr. Mawanklei tried to break my neck, X-ray; lay. Gudge's Order(?), a squad of 7 gathered to do a Forced apply of an Inofcinte injection. Regardless, of their Judicial prestige. Which ever Gudge ruled a Force, or up to be a Forced Malignant Prescription from out of State. It violated automatically Medical and Judicial, Were against; Gudge and Criminal, Gudge and Medical (Prescriptions), Doctor and Client, out of State Privileges. I want \$250,000,000.00 for Damages: Cumulative; Denominal; Nominal; Punitive; Pain, Suffering and the Sufferings of they putting Mr. Cruz in Z.O.D. in imminent danger of serious bodily, mentally, spiritual, Physical injury and/or death. To clear 614, 714, 804, 805, Wants Money Damages and Money Relief.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Ms. Belly (M-X-ray) for neck injury, couldn't move for 9½ hrs, headaches. Dentist's pasta filling rotted teeth still falling, top first. Held Incompetent (No testimony). Allowed Hon. D.R. Cashman in premises to stalk while I was there, may have flew back with me as Pilot. No Money (Lieu of 55 yrs.). Lost paperwork. Tampered w/meds. Lost contact No Whittling Have to re open all cases in N.Y. New York & Scranton, PA. Lost my white Timberland Boots!! In Phila, PA. 6½-7 yrs!

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I would like to clear my 614 (Money), 714 (Homes), 804 (Property), 805 (Inheritance), so I can get my earnings from Higher Courts. I request Money Damages, Money Relief. I need my teeth fixed. I would like to get my Incommunicado clear so I can communicate and relate. Get this Z.O.D. out of the way, out of the way of all these Gubernador Insubordinators (Gov. Waters), Cloaks & Daggers. It has shown a bad path to fight wrongs by Law and I'm Defure doing double Life. From Cartel 11 in U.S.A.. Check out my "Executioner Title". Protections of Dec Courts! Inofcinte Injection Paralization, shall be banned... Illegal.


VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

Smart Communications/PADOC
SCI-Dallas

NAME Abraham (G.) Cruz

NUMBER NY-2555

P.O. Box 33028
St. Petersburg, FL. 33733

Inmate mail



U.S. POSTAGE PITNEY BOWES



ZIP 18612 \$ 000.65⁰
02 4W
0000356685 OCT. 16 2020

RECEIVED
SCRANTON

OCT 20 2020

PER SO
DEPUTY CLERK

TO: United States District Court
Middle District of Pennsylvania
William G. Nealon Federal Bldg. & U.S. Courthouse
235 N. Washington Ave.
P.O. Box 1148

1850131148 8095

Scranton, PA 18501-1148